



### An introduction to the HRST

- ▶ PREDICTIVE
- ▶ PROACTIVE
- ▶ PREVENTATIVE

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## Introductions

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Director of Client Services



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## Topics

- Overview of HRST mission and vision
- The HRST Database
- The HRST Report Suite
- How do I access support?
- Why does all of this matter?
- Getting started!

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## A Brief Review of the HRST:

*Goal and Mission*

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## What is the HRST?

A web-based instrument developed to screen for health risks associated with:

- Intellectual/Developmental Disabilities
- Physical Disabilities
- Disabilities Associated with Aging
- Traumatic Brain Injury
- Any Vulnerable Population

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## The History of the HRST

- Developed in 1992 – federal lawsuit
- Known originally as “Physical Status Review” (PSR)
- Extensively field tested on 6000 individuals
- Used in numerous states
- Web-based version released in 2006

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## How does the HRST work?

The HRST is a simple 22 item scale designed to find out which individuals are at most risk of illness and health destabilization.

The tool then responds by producing action steps (*Considerations*) that empower support staff in the form of special attention and prevention.

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## The HRST Categories and Items

### I. Functional Status

- A. Eating
- B. Ambulation
- C. Transfer
- D. Toileting
- E. Clinical Issues

### II. Behaviors

- F. Self-Abuse
- G. Aggression
- H. Physical Restraint
- I. Chemical Restraint
- J. Psychotropic Meds

### III. Physiological

- K. Gastrointestinal
- L. Seizures
- M. Anti-Epileptic Meds
- N. Skin Integrity
- O. Bowel Function
- P. Nutrition
- Q. Treatments

### IV. Safety

- R. Injury
- S. Falls

### V. Frequency of Service

- T. Professional Healthcare Services
- U. ER Visits
- V. Hospitalizations

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## HRST Health Care Levels

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5
- Level 6

Low Risk

Moderate Risk

High Risk

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## HRST Health Care Levels

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Transforming Data Into Action !

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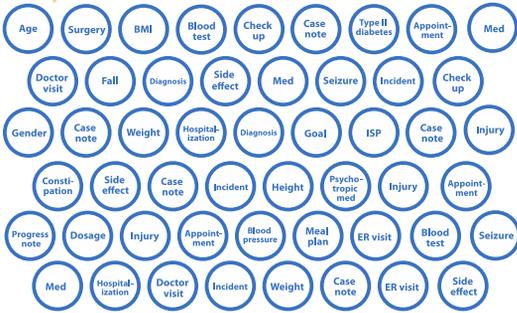
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# Data



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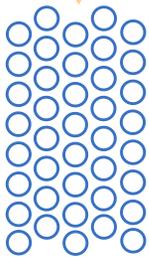
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# Data



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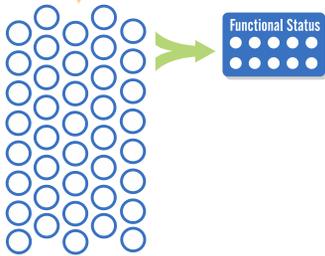
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# Data The HRST



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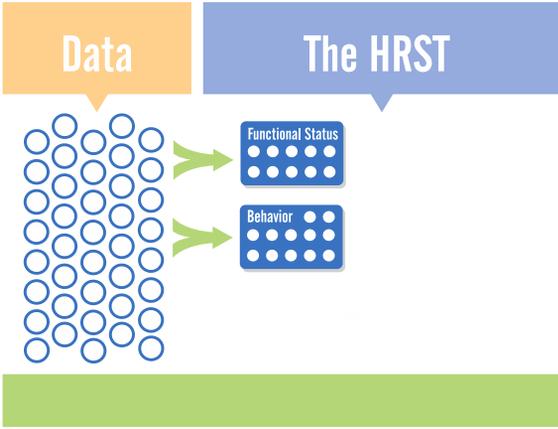
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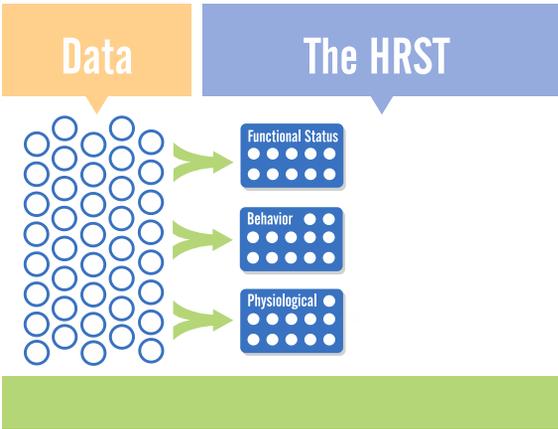
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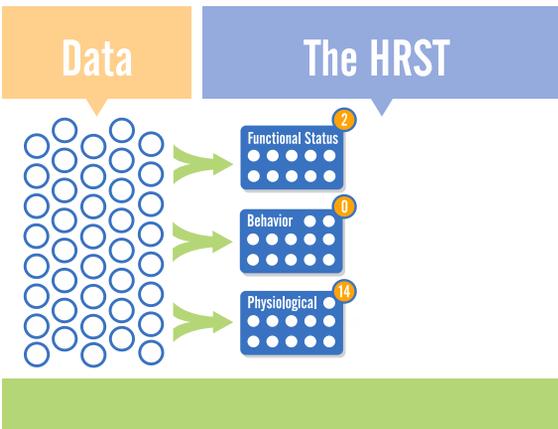
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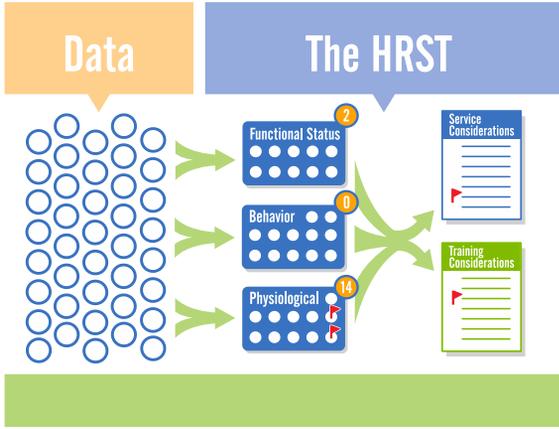
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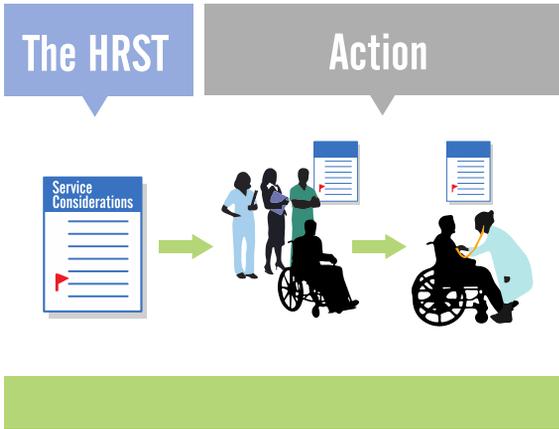
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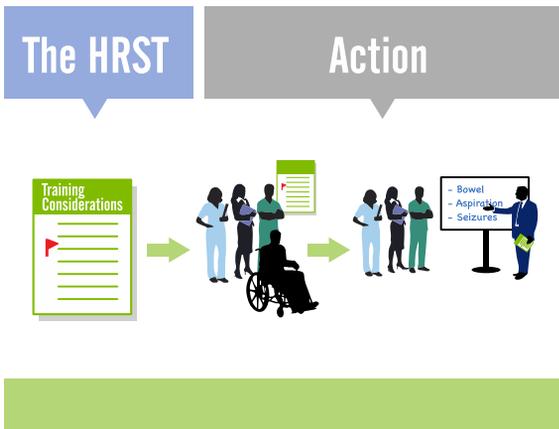
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## Service Consideration Example

- **Service Consideration:**
  - Nutrition/Clinical Dietician section
    - **Item:** (K) Gastrointestinal
    - **Score:** 4
    - **Consideration:** *Nutritional/clinical dietician assessment to determine which elements of current diet are contributing to GI signs & symptoms*

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## Training Consideration Example

- **Training Consideration:**
  - Signs/Symptoms/Emergencies section
    - **Item:** (S) Falls
    - **Score:** 4
    - **Consideration:** *Provide the caregiver with training about recognizing and responding to signs and symptoms of a serious injury arising from a fall*

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## The Importance of the Considerations

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## The HRST: More Than Just Scores

Accurate Scoring is Important...

*however,*

**What the scores tell you are equally as important!**



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## Helpful Reports

*Distribution, Change, Compliance, & Meds*

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### Distribution

- HCL Distribution: This report tells you the HCL breakdown for those who have been screened.
  - This report helps you triage.
  - Note those with an HCL of 4.
- Training Considerations Distribution:
  - This tells you where most of your staff training is needed.
  - Click the *Percentage of List* to sort.

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## Change Over Time

### HCL Change Over Time – Last 6 months

- This tells you the changes in HCL over the last six months.
- If a person’s HCL has decreased congratulations. By following the considerations you’ve improved the quality and length of a person’s life.
- If a person’s HCL has increased by a level, s/he is destabilizing. Get your team together, review the considerations and act.
- If a person’s HCL has increased by two or more levels s/he is facing a mortal risk. Get your team together immediately and follow the considerations.




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## Compliance

- Last Update
  - This tells you when a person’s HRST was last updated.
  - Best practice is at least once a year and WHENEVER there is an acute health event.
- Date of last clinical review
  - The clinical review improves accuracy.
  - Best practice is to review after any significant change.
- Persons with Plans/DOBs in next 90 days.
  - Maintain compliance with state/agency deadlines.




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## Formats and Scheduling

- Formats
  - Web: A quick view
  - PDF: Email to colleagues for review
  - Excel: Sort, Share, and Add Notes
  - If you choose PDF or Excel choose your delivery method.
- After you generate the report you can schedule it to send to your email as often as you like.




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# HRST Outcomes

*Why All This is So Important*

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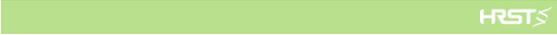
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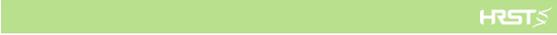
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## Independent Research

- ▶ Two studies completed, independent of one another:
  - ▶ The Center for Outcome Analysis
  - ▶ Georgia DBHDD
- ▶ One study analyzed yearly mortality trends (GA), the other study focused on life expectancy trends over about a 9 year span of time
- ▶ Focus was on I/DD population, fully screened using the **Health Risk Screening Tool (HRST)**
- ▶ Both studies independently support correlation between HRST Health Care Level and mortality dynamics

Predictive Validity of a Health Risk Screening Tool Designed for People with Developmental Disabilities, Michael J. Roszkowski, Ph. D., and James W. Conroy, Ph.D. Center for Outcome Analysis, 2016.  
2015 Annual Mortality Report, Georgia Department of Behavioral Health and Developmental Disabilities, August 2016.



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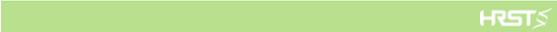
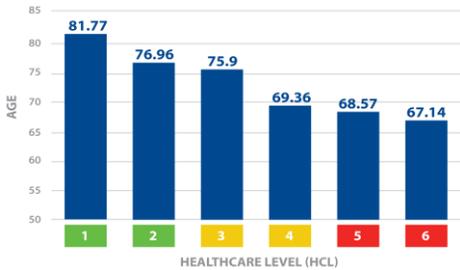
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## Average Life Expectancy by Health Care Level (Years)



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## Mortality Rate by HRST Score




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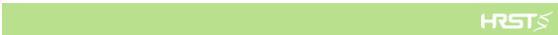
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## Summary of Findings

- ▶ The HRST Health Care Level (HCL) is prognostic of longevity (*as HCL increases, longevity decreases*)
- ▶ Particular attention should be placed on those individuals at HCL 4 and those with increasing HCL's
- ▶ With **each HCL increase**, the odds of dying increase exponentially, even at lower Health Care Levels
- ▶ A two-point increase in HCL significantly increases the likelihood of mortality
- ▶ **Increases in Health Care Level should prompt action to avert preventable death**




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## Other Key Findings of the Study

- ▶ The two main predictors of early death were the HRST **Health Care Level** and **Age**
- ▶ Life expectancy age for the population in this study was **ONLY 53.5 years old**
- ▶ The most common deficient provider practices...centered on health and wellness/medical, including failure to respond to apparent change in individuals' health condition




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## Best Practices

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1. The HRST should be updated at least annually. Think of it as an annual checkup.
2. Screening an individual can take anywhere from 45-60mins, depending on the complexity of the individual.
3. The HRST should be updated anytime there is a change that could affect any of the 22 rating items, such as *ER visits, Hospitalizations, new diagnoses or medications, injuries, falls, etc.* Updates only take a few minutes.
4. Only a trained HRST rater can complete or update an HRST.
5. Information to complete an HRST screening can come from many places, such as medical records, family, support staff, friends, medical history or the person.

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6. The person is encouraged to be a part of the screening process, but it is not required.
7. The support team should use the HRST Service and Training Considerations to take action on identified risks.

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